

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N17000003446

**Entity Name:** #1 STUNNAS MOTORSPORTS CLUB JACKSONVILLE CHAPTER  
INC**FILED**  
**Jan 12, 2021**  
**Secretary of State**  
**5221760754CC****Current Principal Place of Business:**6706 CHAMPLAIN RD  
JACKSONVILLE, FL 32208**Current Mailing Address:**6706 CHAMPLAIN RD  
JACKSONVILLE, FL 32208 US**FEI Number:** 45-3624756**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**MOORE, KELVIN B  
6706 CHAMPLAIN RD  
JACKSONVILLE, FL 32208 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:** KELVIN B MOORE

01/12/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	PRESIDENT
Name	HAROLD, SMITH
Address	15366 SPOTTED STALLION TRAIL
City-State-Zip:	JACKSONVILLE FL 32234

Title	VP
Name	DAVIS, CARTICE
Address	12264 SUMTER SQUARE DR E
City-State-Zip:	JACKSONVILLE FL 32218

Title	SGT@ARMS
Name	JACKSON, MARVIN JR.
Address	1630 DOCKSIDE DRIVE
City-State-Zip:	FLEMING ISLAND FL 32003

Title	SECRETARY
Name	TILLMAN, EBONY
Address	1719 HOWARD CT
City-State-Zip:	JACKSONVILLE FL 32073

Title	BUSINESS MGR
Name	MOORE, KELVIN B
Address	6706 CHAMPLAIN RD
City-State-Zip:	JACKSONVILLE FL 32208

Title	TREASURER
Name	O'FLYNN-WALLACE, DANYELL
Address	4823 PLAYPEN DR
City-State-Zip:	JACKSONVILLE FL 32210

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

**SIGNATURE:** KELVIN MOORE**BUSINESS MANAGER**

01/12/2021

Electronic Signature of Signing Officer/Director Detail

Date